

CITY OF SAN DIEGO
PARK AND RECREATION DEPARTMENT
MATCHING FUNDS PROGRAM
FISCAL YEAR 2003

APPLICATION

OFFICE USE ONLY

Approved: ☐

Disapproved: ☐

Amount Approved:

\$ _____

Hold 2nd Round ☐

Date: _____

City Council District: _____

Name of Organization or Business: _____

Contact Person: _____ Phone: (____) _____

Mailing Address: _____

City/State: _____ Zip: _____

1) Park or Facility Benefitting from the Project: _____

2) Detailed Description of Project/Program: (If you need more space, attach additional sheet)

***All construction projects must be signed off by a Project Officer II below.**

3) Itemized Cost of Project/Program (including installation, tax, and delivery costs):

4) Estimated Date of Project/Program Start Date: _____ Completion Date: _____

5) Has this program or project been presented to, and approved by, the area recreation council? Yes ☐ No ☐

If yes, please indicate the date approved: _____

REQUESTED AMOUNT:

Total Cost of Project or Program: _____ \$

Amount of Matching Funds being Requested: 

\$

OFFICE USE ONLY.

District Manager Review Signature: _____ Date: _____

Date Received: _____ Date Approved or Disapproved: _____

Construction Project Review/Project Officer II _____ Date: _____

“WE ENRICH LIVES THROUGH QUALITY PARKS AND PROGRAMS”